

## SECTION 9- PROCEDURES FOR INITIATING AND DISCONTINUING ISOLATION

### I. GENERAL

To prevent the unnecessary exposure and/or transmission of diagnosed or undiagnosed infections to personnel, visitors, and patients. To establish guidelines for patient room assignments whereby patients at high-risk for acquiring infections and clean surgical patients are not assigned to rooms with infected or potentially infected patients. All direct care providers will follow these guidelines in everyday practice to promote safety and sound infection control for all employees, patients and visitors. On admission and throughout hospitalization, room assignments shall be determined by the patients' potential for acquiring and/or transmitting infections. This determination shall be the shared responsibility of physicians, nursing staff, and the HICO.

### II. SPECIFIC.

CDC/HICPAC recommendations, published in 1996, call for a change in the type of isolation precautions previously used by healthcare facilities. Universal precautions are now replaced with Standard precautions. This means that when a healthcare worker anticipates contact with blood, body fluids, mucous membranes, and/or non-intact skin, the appropriate barriers will be utilized. In addition, there are three main routes of transmission of organisms in the hospital setting: contact, droplet, and airborne. These three categories are now recognized as types of isolation that require special considerations and will be used in addition to the Standard Precautions.

ISOLATION PRECAUTION	MODE OF TRANSMISSION	ROOM REQUIREMENTS AND NECESSARY PPE
<b>Contact Transmission</b> (a) direct (b) indirect i.e.- RSV, Varicella*, MDRO(Multi-drug Resistant organisms) - MRSA and VRE, C. difficile, Scabies	(a) Direct body surface to body surface contact (b) Contact of a susceptible host with a contaminated intermediate object.	Gloves (if splashing or soiling is anticipated, gowns, masks, and/or protective eyewear may be necessary). Private room is desirable; however, the patient may be cohorted with another patient who has an active infection with the same organism.

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<p><b>Droplet Transmission</b></p> <p>i.e.-whooping cough, meningitis caused by <i>Neisseria meningitidis</i></p>	<p>Droplets containing micro-organisms generated from the infected person are propelled a short distance through the air and are deposited on the host's conjunctivae, nasal mucosa or mouth.</p>	<p>Surgical masks (NOT N95 respirators) must be worn in the room and w/in 3 feet of patient.</p> <p>A private room is highly recommended; however cohorting with patients with the same organism is acceptable.</p>
<p><b>Airborne Transmission</b></p> <p>i.e.- Tuberculosis (TB), Varicella*, measles</p>	<p>Dissemination of either airborne droplet nuclei residue (small particle 0.5 microns in size of evaporated droplets containing microorganisms that remain suspended in the air for long periods of time) or dust particles containing the infectious agent.</p>	<p>A private room is required (negative pressure air handling with exhaust to the outside is desirable). Place the portable HEPA unit in the room and activate. The door to the patient's room will remain closed at all times. Special respirators (N95) are worn by HCW at all times when entering the room.</p>

\* Some diseases require two types of precautions. See Disease Specific table for an alphabetical listing by disease/microorganism. (Probl. W/dates)

### A. Responsibility.

1. When a patient is admitted with or develops a condition requiring contact, airborne, or droplet isolation, it is the responsibility of the physician to order isolation: however nursing staff can also initiate isolation as well. If the physician elects not to isolate the patient:

(a) The Hospital Infection Control Officer (HICO) advises the physician of the need for isolation. If he then refuses, the Clinical Nursing Director is notified.

(b) The Deputy Commander for Nursing may be notified at this time. If the physician does not comply, the Department of Nursing notifies the Deputy Commander of Clinical Services (DCCS).

(c) The DCCS advises the physician of the need for isolation. The DCCS notifies the MEDDAC Commander of noncompliance. The final decision regarding appropriate action shall rest with the MEDDAC Commander.

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### **B. Accountability**

1. The patient's physician is primarily responsible for ordering isolation.
2. The charge nurse is responsible for initiating isolation precautions.
3. The charge nurse is responsible for reporting suspected and confirmed infection and communicable diseases to the HICO and Preventive Medicine.
4. Department Manager:
  - (a) Assure that the duty staff reports any patients admitted with a diagnosis requiring isolation to the HICO.
  - (b) Assure adherence to policies concerning placement of patients requiring isolation.
  - (c) Consult with the HICO when the disposition of the patient is questionable.
5. Hospital Infection Control Officer:
  - (a) Serves as a consultant.
  - (b) Assists in programs regarding patient placement.
  - (b) Assesses patient placement during compliance walks.

### **C. Transfers**

1. If proper patient placement is not possible at the time of admission to the unit, accommodations will be made as soon as possible, by rearranging patients' room assignments.
2. If assistance is required with patient placement, please consult the HICO.

### **D. Airborne Precautions**

1. Patients with infections transmitted by the airborne route shall not knowingly be admitted directly to DHCS. Patients will be screened in all inpatient and outpatient areas of DHCS on arrival for signs and symptoms indicative of a disease transmitted by the airborne route-including, but not limited to, rash and cough. Patients with the following diseases (confirmed or suspected) shall enter the hospital by the entrance closest to their assigned room: Anthrax, Chickenpox, Diphtheria, Eczemavaccinatum, Rubella, Disseminated Herpes Zoster (in > three dermatomes), Lassa Fever, Marburg Virus, Ebola

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virus, Pneumonic Plague, or Smallpox.. A surgical mask will be placed on the patient, the patient is placed in a private room with the door closed and care is expedited. Staff will not

allow the source patient to proceed throughout the facility to pick up prescriptions, medical supplies or any other business. Notify Infection Control telephonically with all pertinent information when this occurs. NOTE: see also the Varicella Section of this manual.

2. Patients that meet the criteria outlined IAW the TB Tool (Appendix B, MEDDAC Reg 40-26 TB Exposure Control Plan) will don a surgical mask and be transported to the ER negative air flow room. N95 respirators will be worn by those persons who have been fit-tested IAW the DHCS Respiratory Protection Plan whenever entering this room and the door will remain closed at all times. Request for transfer to a facility will be expedited..

### E. Droplet Precautions.

1. In addition to Standard Precautions, patients with suspected or diagnosed infection transmitted by droplet nuclei are to be masked and placed in a private room. Surgical masks will be worn in the room by the patient and staff alike.

2. Patients with infections transmitted by droplets shall be admitted directly to their assigned room to avoid exposing others. The hospital personnel assisting with the transfers shall place a surgical mask on the patient during transport. All areas will make every effort to expedite the transfer of patients requiring admission for droplet isolation.

3. Patients with the following diseases (confirmed or suspected) shall be placed immediately in their assigned room: Invasive Haemophilus influenza type B disease (meningitis, pneumonia, epiglottitis, and sepsis); invasive Neisseria meningitidis disease, including meningitis, pneumonia and sepsis; serious bacterial respiratory infections spread by droplet transmission; diphtheria (pharyngeal), mycoplasma pneumonia, pertussis, pneumonic plague, and Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children; Serious viral infections spread by droplet transmission - adenovirus, influenza, mumps, parvovirus B19, and rubella.

4. **Some** of the above infections/diseases only **require droplet precautions for the first 24 hours** after the initiation of appropriate antibiotic therapy. Consult the Transmission-based Precautions Table (Disease Specific) for a complete listing.

5. Patients with the same disease transmitted by the droplet route (and no other infections) may be placed together (cohorting) in a multi-bedroom ONLY if private rooms are not available. Notify the HICO for assistance in making the decision to cohort

### F. Contact Precautions

1. In addition to Standard Precautions, use Contact Precautions for patients known or suspected to have an infection transmitted by direct patient contact or by contact

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with the patient's environment. Examples include, but are not limited to: enteric infections with prolonged environmental survival such as *Clostridium difficile*, resistant bacterial infections (MRSA, VRE), respiratory syncytial virus (RSV), *highly contagious skin infections* such as scabies, impetigo, pediculosis, disseminated varicella zoster (shingles), and *diapered or incontinent patients* with enterohemorrhagic E.coli 0157:H7, shigella, hepatitis A, or rotavirus.

2. Patients with infections transmitted by contact will be admitted directly to their assigned room to avoid exposing others. Cover gown and a clean sheet will be used to cover the patient during transport.

3. A gown and gloves will be worn for contact with the patient or the environment. Place a linen hamper just inside the room (not in the anteroom) for the containment of used cover gowns. Strict handwashing is required before and after entering the room and when removing gloves.

4. Patients with the same infection transmitted by direct or indirect contact may be placed together (cohorting) in a multi-bedroom ONLY if private rooms are not available. Notify the HICO for assistance in making the decision to cohort.

### G. Infants and pediatrics

1. Newborn infants with diseases transmitted by the airborne route that cannot be contained by the use of an isolette are to be placed in a private room until they can be transferred to an appropriate facility with negative air flow.

2. All pediatric patients with the diagnosis of a disease transferred in whole or in part by the airborne route will be masked and placed in a private room. Transfer to an appropriate facility will be expedited.

### H. Neutropenic precautions

1. Immunocompromised patients vary in their susceptibility to hospital acquired infections, depending on the severity and duration of immunosuppression. They generally are at increased risk for bacterial, fungal, parasitic, and viral infections from both endogenous and exogenous sources. Those patients with a white count less than 1.0 shall be placed in a private room.

2. Protective Isolation has been proven to NOT reduce the risk of infection any more than STRONG EMPHASIS on appropriate handwashing during patient care. Therefore, Protective Isolation, as practiced previously, will no longer be used and is being replaced with Neutropenic Precautions as described below.

3. Strict adherence to THOROUGH HANDWASHING is mandatory, before and after entering the room. Frequent handwashing for 15 seconds with soap, friction and running water must be done by ALL personnel between procedures, and after patient care and contact.

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a. Patients placed on Neutropenic Precautions should be taught to carefully wash their hands before and after using the toilet, eating and self-care procedures. They should also be taught to turn off the faucets with a paper towel.

4. A surgical mask will be worn by all persons when entering the room. Persons with ANY signs of infection - sniffles, upper respiratory infection, oral herpetic lesions, recent exposure to a communicable disease, cough, etc. **SHOULD NOT ENTER THE ROOM.** Most of these illnesses are transmitted by a virus too small to be contained by the use of a mask.

5. Fresh flowers or potted plants in soil are not permitted in the room as they may harbor microorganisms that may cause infection in the neutropenic patient.

6. Notify Nutritional Care Division (NCD) via telephone when the patient is placed on neutropenic precautions and add the diet change to the diet roster. No fresh fruits or vegetables may be served IAW NCD protocols for neutropenic diet. Special dishes or trays are not required.

7. Masks are not indicated for patients regardless of their WBC, unless they leave their room for clinic appointments or diagnostic studies.

8. Clinic or treatment appointments should be coordinated in advance to eliminate or minimize waiting time in areas with other patients.

9. Invasive procedures should be kept to an absolute minimum; invasive devices should be removed as soon as the medical condition permits.

10. Patients placed on neutropenic precautions should not enter the room of other patients on isolation. Discourage **PHYSICAL** contact with other patients and visitors outside of their immediate family/significant other.